

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 / 485

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)

Howard A King

Mailing Address 600 N Robbins Rd Ste 401

City State Zip Code
 Boise ID 83702

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 2 5 / 2 0 1 1

Transaction ID: A09759DF7426347529E7

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

John O Krause

Mailing Address 14825 N Outer Forty Rd Ste 200

City State Zip Code
 Chesterfield MO 63017-2152

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Ortho Ctr of St Louis

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 2 5 / 2 0 1 1

Transaction ID: A76A8364CEFEC4C2DA82

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Neal J Labana

Mailing Address 19801 Governors Hwy, Ste 160

City State Zip Code
 Flossmoor IL 60422-4363

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 2 5 / 2 0 1 1

Transaction ID: A464B36429D29485EA47

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)